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| APPLICANTS Gyorgy Szekeres, Pecs, HUNGARY; <i>HSO</i> Zsuzsanna Halas, Pecs, HUNGARY; <i>HSO</i> Laszlon Zorn, Pecs, HUNGARY; <i>HSO</i> | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/HU03/00044 06/17/2003 <i>HSO</i> | | | | |
| ** FOREIGN APPLICATIONS ***** HUNGARY U0200185 06/25/2002 | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY HUNGARY | SHEETS DRAWINGS 3 | TOTAL CLAIMS 4 <i>HSO</i> |
| INDEPENDENT CLAIMS 1 | | | | |
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| TITLE Tissue microarray builder manual set | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |